

Annual Reporting Form for Nonprofit Organizations Seeking Financial Assistance from Local Governments

Name of Nonprofit Organization					
Street Address	City	County	State	Zip	
Annual Financial Report of Ca	=			ances	
For the Fiscal Yea					
And Title 6, Chapter 5	•	Chapter 9, Part 1	•		
And Title 6, Chapter 3	04, Pail 1, <i>181</i>	messee code Am	ποιαιεα		
Receipts					
Federal Grants	\$		_		
State Grants			_		
Financial Assistance from Local					
Governments			_		
Donations and Gifts from Citizens			_		
Membership Dues			=		
Fees/Charges for Services			_		
Fundraising Events					
Sale of Assets			_		
Loans-Borrowed Funds			_		
Investment Income			_		
Other Receipts			_		
Total Receipts			\$	(A)	
Disbursements					
Grants and Other Assistance Paid to					
Other Organizations and Individuals	\$		_		
Salaries and Wages			_		
Employee Benefits			_		
Payroll Taxes			_		
Fees for Services (non-employee)			_		
Advertising and Promotion			_		
Office Expenses			=		
Leases/Rentals			_		
Maintenance and Repairs			_		
Supplies			_		
Travel			_		

Utilities			
Insurance			
Conferences, Conventions a	and Meetings		
Interest			
Purchase of Capital Assets -	- Vehicles		
and Equipment			
Purchase of capital Assets –	- Property		
and Buildings			
Loan Payments			
Other		 \$	(D)
Total Disbursements		۶ <u> </u>	(B)
Cash Receipts Less Disburse	ements for		
the fiscal Year (A-B=C)	ements for	\$	(C)
the hotal real (A b-c)		Y	(0)
Cash Balance - at the begin	ning of the		
fiscal year	_	\$	(D)
Cash Balance - at the end o	f the fiscal		
year (C+D=E)		\$	(E)
Details of Cash Balance - at	the end of		
the fiscal year			
Cash on Hand	\$		
Cash in Bank – Checking			
Cash in Bank – Savings Acco	· -		
Cash in Bank – Certificates of	of Deposits		
Other Cash		 \$	(E)
Total Cash - at the end of the	ne riscar year	۶	(⊑)
Please Explain Proposed Use	e of the Financial Assistance fro	m Local Governments.	
I certify that this report accura	tely presents the cash receipts, di		of the
Name of Nonprofit Organiza	for the fiscal year n	oted above.	
or montprome organize			
Dorcon Dronorina Donort			
Person Preparing Report	Printed Name	Signature	
Phone Number	Email Address	Date	